Professional Boundaries

- “An invisible line that provides limits to a professional's behavior that allow for a safe relationship with a patient based on the patient's needs” (Fisher, 2008).
- “Professional boundaries separate the therapeutic behavior of the nurse from any behavior, well intentioned or not, that could lessen the benefit of care to people...Boundaries give each person a sense of legitimate control in a relationship.” (ANMC, 2010).

Professional Boundaries & Child Life

- **Operating Principle 10** -- Individuals shall use integrity to assess and amend any personal relationships or situations that may interfere with their professional effectiveness, objectivity or otherwise negatively impact the children and families they serve. A minimum of two years following the conclusion of a professional role shall lapse before any personal relationship is permitted to develop with children or the members of families they serve (childlife.org, 2000).

Nursing

- There is NO standard on seeing patients/families outside of the facility.
- Inova compliance states that Facebook and other internet tools should not be used to communicate information about patients. Pictures also cannot be posted that are taken at the hospital.
- Recommendations are to stay within the “zone of helpfulness” (NCBSN)
- Code of Ethics for Nurses, American Nurses Association
- Cannot have “relations” or accept money from patients or their families.

Why are we here...??

- We want to promote open conversation about situations we ALL get confronted with every day.
- We have completed research on the effects crossing boundaries have on our patients and families.

Inova Fairfax Children’s Hospital

- Accepting gifts/money is prohibited
- New Social Networking/Communications Policy: cannot include Inova in your bio unless you include a prewritten disclaimer.
Boundaries and Patient Populations
- Inpatient vs. Outpatient
- Acute vs. Chronic
  - Frequent Fliers
- Age and Developmental Issues
  - Issues with caregivers vs. patients
- Harmful Effects of Crossing Boundaries
  - Who is most effected, staff or patient?
  - When do we see the effects?

Keep it in the zone!

<table>
<thead>
<tr>
<th>Under-involved</th>
<th>Zone of Helpfulness</th>
<th>Over-involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sense of detachment/lacking rapport</td>
<td>Rapport and trust present with team</td>
<td>Actions meet personal needs over patient/family needs</td>
</tr>
<tr>
<td>Lack of trust from patient/family</td>
<td>Trusts appropriately</td>
<td>Overly dependent</td>
</tr>
<tr>
<td>Lacking continuity</td>
<td>Appropriate continuity of care</td>
<td>Sole dependency</td>
</tr>
<tr>
<td>Lacking interest</td>
<td>Easily takes interest, excludes personal disclosure</td>
<td>Disclosure: unnatural interest in personal information</td>
</tr>
</tbody>
</table>

To Friend or Not to Friend on Facebook...???
- Issues that arise as technology develops and changes
  - Expectations as technology develops
  - Answers/support/help at your fingertips
- How to appropriately respond when contacted by a patient or family through technology

To Friend or Not to Friend on Facebook...???
- How to appropriately respond to patients and families
  - In person (while hospitalized):
    - Acknowledge the family’s request, then explain the reasons why this is not appropriate
  - In person (in your community):
    - Keep it short and sweet! Saying “hi” to a patient in Target is OK. Going over to their house afterward crosses the line
  - Facebook:
    - Request or message received. Acknowledge the request then explain the reasons that you are unable to become “friends”. Use the hospital “policy” as an excuse.

Let’s Talk About It....

Situation One
3yF chronic patient (brother is also a chronic patient) admitted numerous times to hospital for extended periods of time (2wks – 4mo). Upon discharge invites nurses, child life, techs, secretaries, etc. to visit at their home (approx. 1 mile from hospital). Many staff members have visited this family including attending the children’s birthday parties.

- What kinds of could arise?
- How could you appease the family and stay within your professional boundaries?
Situation Two

A family that you have been working with through their hospitalization has asked if you’ll be available for their daughter’s surgery next week, stating that they are “most comfortable with you as our nurse”. You are not scheduled to work the day of her surgery.

- Would you change your schedule?
- How would you respond to the family when asked?
- How could you turn this into a positive interaction?

Situation Three

You are not scheduled to be at the hospital (it is early morning, late at night, or your day off) when you hear that support is going to be withdrawn soon from one of your patients.

- What is your reaction?
- Would your reaction be different if it were a different patient and why?

Situation Four

A chronic patient (who is not currently admitted to your unit) has requested that you visit/provide an intervention.

- How do you handle this request?
- Is there a difference if the request is patient or staff driven?
- Is any interaction appropriate, if so where do you draw the line?

Situation Five

You get home from work and sign on Facebook. You notice that a patient who was recently d/c'd but you have worked with for a few weeks has requested you to be their “friend”.

- Do you respond differently if it is a caregiver?
- Does it matter if the patient is over 18 years old?
- Do you respond and how?

Situation Six

You work on a unit that sees chronic and acute patients.

- How does this impact your professional boundaries?
- Do your actions change based on the diagnosis of the patient you are working with?

Discussion

Questions/Comments